

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026485

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 17 1962

Primary Registration District No.

3016

Registrar's No.

376

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON CITY		c. CITY OR TOWN JEFFERSON CITY	
c. FULL NAME OF (If NOT in hospital, give location) ST MARYS HOSPITAL		d. STREET ADDRESS 1300 ST MARYS	
3. NAME OF DECEASED (Type or print) First ELWOOD Middle PAUL Last OLIVER		4. DATE OF DEATH Month JULY Day 10 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/9/98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CITY FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY CALLAWAY COUNTY MO. USA	
13a. FATHER'S NAME WILLIAM HENRY OLIVER		13b. MOTHER'S MAIDEN NAME OLLIE JANE WILSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address Mrs. Pauline Oliver J C Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia DUE TO (b) Auto + Chronic Alcoholism DUE TO (c) Cirrhosis of Liver		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cirrhosis of Liver		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:40 a.m. PM Month, Day, Year 7-8-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Jefferson City COUNTY COLE STATE MO.	
21. I attended the deceased from 7-8-62 to 7-10-62 and last saw him alive on 7-10-62 Death occurred at 9:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. B. Klebl (Deed or title)		22b. ADDRESS 712 W High - Jefferson City	
22c. DATE SIGNED 7-13-62		22d. LOCATION (City, town, or county) Ashland, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/12/62	23c. NAME OF CEMETERY OR CREMATORY New Salem	
24. FUNERAL DIRECTOR Shuster		25. DATE RECD. BY LOCAL REG. 14 July 1962	
26. REGISTRAR'S SIGNATURE R. D. Harris		27. REGISTRAR'S SIGNATURE R. D. Harris	

(Licensed Embalmer's Statement on Reverse Side)

2961 8 T 700 SA
JUL 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Sylvester D. Dole

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.